Introduction

There is increasing interest being focused on the athletic elbow. The growing clinical interest is accompanied by increasing research of the elbow and its associated injuries, as is reflected by the expanding body of literature about elbow injuries. Newer diagnostic tools and increased awareness of these injuries is fueling the interest by identifying a significant and increasing incidence of athletic elbow injuries that may be affected by both intrinsic and extrinsic factors ***(McFarland et al., 2004)***.

New treatment techniques for elbow maladies, along with better and reproducible surgical results, as aided the resurgence of clinician interest in identifying these problems. Furthermore, elbow injuries in athletes may be performance issues as well as career issues. Thus proper identification and management of these problems are of paramount importance ***(Safran, 2004)***.

The elbow joint is frequently injured in the overhead athlete, due to the large amount of forces in throwing. Injuries often occur due to repetitive micro-trauma, especially in pitching. Rehabilitation following injury or surgery is vital to fully restore normal elbow function and return the athlete to competition as quickly and safely as possible ***(Loftice et al., 2004)***.

Elbow rehabilitation must follow a progressive and sequential order to ensure that healing tissues have not been compromised. Emphasis is on restoring full motion, muscular strength, and neuro-muscular control, and gradually applying loads to healing tissues ***(Wilk et al., 2004)***.